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BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 9444

SERIAL NUMBER 09/876,958	FILING DATE 06/08/2001 RULE	CLASS 379	GROUP ART UNIT 2645	ATTORNEY DOCKET NO. 8740-064-999
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APPLICANTS

David A. Glowny, Milford, CT;

Phil Min Ni, Danbury, CT;
John E. Richter, Trumbull, CT;

** CONTINUING DATA *****

Yea *an* This application is a CON of 09/328,294 06/08/1999 PAT 6,252,946
SW

** FOREIGN APPLICATIONS *****

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CT	SHEETS DRAWING 29	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 3
Verified and Acknowledged _____ Examiner's Signature _____	Initials _____				

ADDRESS

22930
HOWREY SIMON ARNOLD & WHITE LLP
BOX 34
1299 PENNSYLVANIA AVENUE NW
WASHINGTON , DC
20004

TITLE

System and method for integrating call record information

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)

RECEIVED
818

1.18 Fees (Issue)

Other _____

Credit



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**** CONTINUING DATA *******

THIS APPLICATION IS A CON OF 09/328,294 06/08/1999 PAT 6,252,946

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE

GRANTED ** 06/26/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CT	29	26	3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

20583

TITLE

System and method for integrating call record information

FILING FEE RECEIVED 818	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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